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**FAX**

<b>TO:</b> Commissioner for Patents, Mail Stop:	<b>FROM:</b> C. Douglass Thomas Ph: 650-903-9200, Fax: 650-903-9800
<b>COMPANY:</b> United States Patent Office	<b>DATE:</b> 1/17/2008
<b>FAX NUMBER:</b> 571-273-8300	<b>NO. OF PAGES (INCLUDING COVER):</b> 27 pages
<b>PHONE NUMBER:</b>	<b>SENDER'S REFERENCE NUMBER:</b> IPVBP005
<b>RE:</b>	<b>RECIPIENT'S REFERENCE NUMBER:</b> 10/826,528

**NOTES/COMMENTS:**

Transmitted herewith are the following documents for entry into the above-noted file:

Amendment A Transmittal	1 page
Amendment A	15 pages
Information Disclosure Statement	2 pages
Form 1449	1 page
1 cited reference	8 pages

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL NAMED ABOVE AND OTHERS WHO HAVE BEEN SPECIFICALLY AUTHORIZED TO RECEIVE SUCH. IF THE RECIPIENT IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, OR IF ANY PROBLEMS OCCUR WITH TRANSMISSION, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT (650)903-9200. THANK YOU.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: CHEUNG et al.

Attorney Docket No.: IPVBP005

Application No.: 10/826,528

Examiner: BLAIR, KILE O.

Filed: April 15, 2004

Group: 4114

Title: METHOD AND APPARATUS FOR  
WIRELESS AUDIO DELIVERY**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 17, 2008.

Signed: Patricia Tate Printed Name: Patricia Tate**AMENDMENT A TRANSMITTAL**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

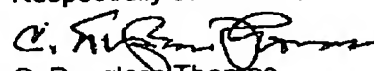
Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	26	MINUS	26	00	x 25 =	x 50 =
Independent Claims	4	MINUS	4	00	x 100 =	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$	\$
Total					\$00.00	\$

- ☐ Applicant(s) hereby petition for a \_\_\_\_\_ - month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-3874 (Order No. IPVBP005).
- ☐ Enclosed is a Credit Card Payment Form for the amount of \$\_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.
- ☐ Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-3874 (Order No. \_\_\_\_\_).

Respectfully submitted,

  
 C. Douglass Thomas  
 Reg. No. 32,947

Appln. No. 10/826,528

Atty. Docket No. IPVBP005